



Credentialing and the Sanford Provider Hub

Beginning April 15, 2021, Sanford Health will offer a secure, cloud-based software solution for all your credentialing activities through the Sanford Health Plan. The new Sanford Provider Hub will enhance your Sanford credentialing experience by providing a user-friendly interface and automation that will streamline the credentialing process and significantly reduce paperwork.

What will you notice with the Sanford Provider Hub?

No paper. Our current paper applications and email workflow will be replaced with an automated, online process for initial and reappointment requests.

No surprises. You will be able to check the status of your file in the Sanford Provider Hub during processing.

No missed deadlines. Your designated credentialing administrator can assist you with your credentialing communications and activities.

Watch for further information in your email and on the Sanford Health Plan website.



Policies Update

Below, you'll find the latest policy updates—additions, deletions, edits—for your reference. Please call us at (800) 601-5086 Option 2, Option 4 for Provider Relations if you have any questions.

New Policies:

- Consultation Services
- Co-Surgeon / Team Surgeon
- Increased Procedural Services (Modifier 22)
- Outpatient Services Prior to Inpatient Admission
- Global Surgical Package

Updated Policies:

Acupuncture

- Added required diagnoses for non-Minnesota-commercial plans
- Added additional language regarding separately reportable E/M services
- Edited language regarding which providers may bill for acupuncture
- Removed excluded diagnoses
- Updated applicable lines of business table

Add-On Codes

- Added exception for reporting anesthesia for unplanned cesarean delivery or hysterectomy codes
- Updated applicable lines of business table

Behavioral Health and Substance Use Disorders

- Added additional definitions
- Added language clarifying PA requirements for codes associated with an inpatient stay
- Added new code G2172 to exclusions
- Moved H0019 & T2048 to exclusions
- Updated applicable lines of business table

COVID-19 Testing and Treatment

- Added M0245 to reimbursable table
- Added Q0245 to exclusions
- Added note that G2023 is only allowed for Place of Service 12
- Added note that G2024 is only allowed for Place of Service 31 or 32
- Updated applicable lines of business table

Cranial Prosthesis (Wig)

- Reformatted
- Updated applicable lines of business table

Durable Medical Equipment (DME)

- Added denial reasons to non-covered codes
- Added new codes K1013-K1020 & S1091
- Added note that A9999 denies when billed with G47.33
- Added note to code list that PA is required if greater than \$10,000
- Changed language of pharmacy benefit from “deny; submit under Medical” to “Not covered” for the following codes: A4244, A4245, A4246, A4247, A4520, A4554, A4927, A6413, A9273, E0240, & S8431
- Changed E0484 to No PA required
- Deleted “rent to own” from E1390, E1391, & E1392
- Removed expired codes C9122 & K1010-K1012

Family Planning

- Added note to J7303, J7304, and S4993 regarding differing ND Medicaid Expansion benefits
- Updated formatting and reference links
- Updated applicable lines of business table

Genetic and Molecular Testing

- Added new codes 0242U-0247U to exclusions
- Moved 88120 & 88121 to exclusions
- Removed expired codes 0098U-0100U
- Updated applicable lines of business table

Habilitative Therapy

- Added note that 92611-92617 do not count toward limits
- Added that ENTs may bill for 92612-92617
- Updated applicable lines of business table

Hearing Services

- Added note that PA is required for implants and devices if greater than \$10,000
- Updated applicable lines of business table

Immunizations

- Added 91303 to exclusions
- Added 0031A to reimbursable immunization administration table
- Updated applicable lines of business table

Infertility Treatment

- Added 76948 to reimbursable with PA table
- Added MHA to applicable lines of business table

Non-Covered Services

- Deleted reference to Experimental and Investigational Services Policy
- Updated applicable lines of business table

Obstetric (Pre- and Post-Natal)

- Added language regarding coverage of modifier 22 and reference to Modifier 22 Benefit Reimbursement Policy
- Changed 60 day postpartum period to 49 days
- Updated applicable lines of business table

Pulmonary Rehabilitation

- Reformatted
- Updated applicable lines of business table

Reconstructive Surgery

- Removed “and” from table legend note
- Updated applicable lines of business table

Rehabilitative Therapy (PT/OT/ST)

- Added note that 92611-92617 do not count toward limits
- Added that ENTs may bill for 92612-92617
- Updated applicable lines of business table

Services Requiring Prior Authorization

- Added codes for medications authorized by the UM Department in Medications, Miscellaneous row
- Added new codes J9037, J9349, K1014, K1015, K1018, K1019, & Q2053
- Added new row - Gender Reassignment Surgery
- Added note to 21085 regarding differing coverage by plan
- Added H0018 to Inpatient and Residential Behavioral Health Services row, and a note that the services are authorized as part of the inpatient stay
- Added J9036, Q5112, Q5113, Q5116 to Oncology Services row
- Added 76948 to Infertility Treatment row
- Removed 88120, 88121, E0484, H0019, & T2048
- Removed “and” from note in Reconstructive Surgery row
- Removed expired codes C9069, C9070, & C9073
- Updated applicable lines of business table

Transplant Services

- Reformatted
- Updated applicable lines of business table
- Updated language on requirements for transplant programs

Optum CES Edits

Sanford Health Plan continues to implement additional claims edits. Check periodically for details of future edits to be released. A document detailing the claim edits is available to you here on the [PROVIDER RESOURCES PAGE](#). The resource will be updated as Sanford Health Plan implements new edits.

North Dakota Medicaid Expansion Taxonomy and Enrollment requirements

ENROLLMENT INFORMATION:

In accordance with North Dakota Medicaid regulations, you must enroll as providers. Sanford Health Plan will deny North Dakota Medicaid Expansion member claims when enrollment with the state has not occurred. Exceptions are HCBS/QSP and NEMT providers.

To learn more about how to complete the enrollment process with the State of North Dakota, please visit [Medicaid Provider Enrollment Application Information and Forms](#).

TAXONOMY INFORMATION:

Also, in accordance with North Dakota Medicaid regulations, Sanford Health Plan requires providers to submit taxonomy codes when submitting claims for North Dakota Medicaid Expansion (NDME) members. This excludes Qualified Service Providers (HCBS claims), transportation claims, and claims submitted by other atypical provider types. To learn more about this requirement please visit [North Dakota Department of Human Services](#).

North Dakota Medicaid Expansion 1915i Tool kit

The North Dakota Medicaid 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Find what you need for these services for North Dakota Medicaid Expansion members in the [Sanford Health Plan Provider Fact Sheet](#) for NDME 1915i that is now available on our Provider NDME [WEBSITE](#).

Phone Prompts Have Recently Changed

To provide you with you the best experience we have updated our phone systems and with this change there may be some differences. You will still use the numbers at the end of this publication to reach the appropriate departments. Prior to arriving at the appropriate department, you will be prompted to enter if you are a member, provider or have sales inquiry. Once within the provider menu your call will be routed to the team that will most efficiently be able to answer your questions. We thank you for your patience as we embark on some amazing technology to create the best experience for you as a provider and our members.

Electronic Prior Authorization

To better serve our members and providers, we will require electronic prior authorization submission effective Oct. 1, 2020. Providers currently not using the electronic submission option will need to submit referrals electronically. Sanford Employees and internal users: Please see the training resource [HERE](#), or sign up for additional classes in the Sanford Success Center.

EXTERNAL PROVIDERS: Please submit authorization requests via Provider Portal [HERE](#). For questions, please contact Provider Relations at (800) 601-5086.



Utilization Management: Innovating to Improve Access to Medically Necessary Care

PA REQUIREMENTS FOR ADVANCED IMAGERY

Sanford Health Plan honors its commitment to our providers our patients / members by continuing to look for ways to optimize efficiencies across our enterprise operations. As a part of these efforts, we are working to modernize our Utilization Management (UM) capabilities by enhancing Prior Authorization (PA) processes to alleviate administrative and provider burden while improving the overall patient experience and access to high quality care.

One of our initiatives, which began in December of 2020 is expanding the authorization process to include advanced imaging through our partnership with eviCore Healthcare. Based on evidence-based clinical guidelines, this effort is enabling us to confidently provide the highest quality, appropriate care to our patients. Standardization and automation of PA processes will enable improved outcomes and an enhanced patient experience by providing the right care, with the right provider, and in the right setting.

To learn more about this new requirement please check out the dedicated website for Providers [HERE](#).

On the dedicated website you will be able to:

1. Register for training (in General Resources Tab, Registration Instructions)
2. Register for sign in (in General Resources Tab, Registration Instructions)
3. Review CPT code list for services that require authorization (in Solution Resources Tab, Radiology icon)
4. Access Evidence Based Clinical Guidelines

Please note: Services performed without authorization may not be reimbursed. The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Request authorization by visiting [evicore.com](https://www.evicore.com).

For questions, please call eviCore's call center from 7 a.m. to 7 p.m. CST **(844) 635-7225**.

COVID-19: Updated Coverage Announcement

Stay up-to-date on all COVID-19 information and find resources specifically for providers by visiting this [webpage](#).

Have additional COVID-19 questions? Submit your questions [HERE](#).

Contact Us:

CONTACT FOR: Member eligibility & benefits, member claim status, provider directory, complaints, appeals, report member discrepancy information

 memberservices@sanfordhealth.org

Customer Service

Monday-Friday, 8 a.m. to 5 p.m. CST | (800) 752-5863

NDPERS Customer Service

Monday-Friday, 8 a.m. to 5:30 p.m. CST | (800) 499-3416

ND Medicaid Expansion

Monday-Friday, 8 a.m. to 5 p.m. CST | (855) 305-5060

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

 pharmacyservices@sanfordhealth.org

Pharmacy (855) 305-5062

NDPERS Pharmacy (877) 658-9194

ND Medicaid Expansion (800) 755-2604 | TTY: 711

CONTACT FOR: Preauthorization/precertification for medical services

 um@sanfordhealth.org

Utilization Management (800) 805-7938

NDPERS Utilization Management (888) 315-0885

ND Medicaid Expansion (855) 276-7214


CONTACT FOR: Assistance with fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W-9 form, change/ updating information, provider education

 providerrelations@sanfordhealth.org

Provider Relations (800) 601-5086

CONTACT FOR: Requests to join the network and contract-related questions and fee schedule negotiation

sanfordhealthplanprovidercontracting@sanfordhealth.org

 **Provider Contracting** (855) 263-3544

Hearing or speech impaired TTY | TDD (877) 652-1844

Translation Assistance for Non-English Speaking Members (800) 892-0675